twelve parts of the liquid to fifty of alcohol, the other with fifty parts of liquid to twelve of alcohol. The alcohol was allowed to evaporare from both, and the residue was injected with a little distilled water into the animal. The result from both was as that of fresh thyroid liquid. Thus alcohol does not essentially alter the thyroid fluid and leaves it with its powers of action upon heart and blood pressure; but when preserved or mixed with alcohol, it acts in a manner different from that of the fresh liquid, as the action of alcohol in the mixture paralyzes the action of the thyroid principle.

JELLIFFE.

Allgemeine Zeitschrift für Psychiatrie und psychischgerichtliche Medicin.

(1902. Vol. 58, January, No. 6.)

1. Some Internal Symptoms of Somatic Degeneration in Paralytics and Normal Individuals; also a Contribution to the Anatomical and Anthropological Variations of the Visceral Organs in Man. NÄCKE.
2. A Statistical Study of the Etiology of Progressive Paralysis. HOPPE.
3. Height and Body-weight in Idiotic Children. SKLAREK.
4. A Contribution to the Differential Diagnosis of Hysteria and Katatonia. KAISER.
5. Circular Insanity with Choreic Movements Occurring in a Child. VAN BREVO.
6. On Conrad Ferdinand Meyer. HESS.

1. *Some Internal Symptoms of Somatic Degeneration.*—Näcke made autopsies on 104 general paralytics and 108 normal individuals to determine the presence of visceral stigmata of degeneration, such as double apices of the heart; anomalies in the lobular formation of the lungs; lobulation and incisures of the liver; horse-shoe kidneys, etc. Each paralytic showed on an average four visceral stigmata, while an average of two or three was found in normal individuals. He therefore concludes that general paralysis occurs mostly in those individuals of imperfect organisms, an opinion which indicates a greater hereditary basis in the etiology of general paresis than is generally held, and also possibly indicates a more fruitful source of determining the degree of individual degeneracy than that usually followed in examining external bodily signs solely.

2. *Etiology of Progressive Paralysis.*—Hoppe found in a statistical study of the etiology of 501 general paralytics that syphilis was the "only cause" in 5.2 per cent., syphilis plus other causes in 20.2 per cent., alcoholism alone in 3.8 per cent., combined with other causes in 19.8 per cent.; heredity in 9.2 per cent., combined with other causes in 32.3 per cent.; sexual excesses in 0.4 per cent., combined with other causes in 7.8 per cent.; emotional causes in 5.4 per cent., combined with other causes in 18.8 per cent.; over-exertion in 2.6 per cent., combined with other causes 9.1 per cent. However, in such studies the possible faulty etiological history must be borne in mind.

3. *Height and Body Weight in Idiotic Children.*—In the study of idiots in the Insane Asylum at Dalldorf, Sklarek found the physique of the teachable idiots proportionately poorly developed as compared to that of normal children, and those teachable idiots who showed the greatest capacity approached nearest to the normal in physical growth.

4. *Differential Diagnosis of Hysteria and Katatonia.*—Following a long etiological digest upon hysteria and katatonia, Kaiser calls special attention to the occurrence of katatonia developing from infantile eclamptics; such cases closely resemble those suffering from so-called hysterical states of apathy. From a theoretical standpoint he believes these cases are psychogenic disorders combined with phenomena resembling katatonia.

5. *Circular Insanity with Choreic Movements.*—In a short etiological study of a case of choreic movements in a child suffering from circular insanity, Van Brevo concludes that katatonia cannot be excluded, and the choreiform movements present in the case might be thus explained.

6. *Conrad Ferdinand Meyer.*—The article is a psychological study of the late poet, C. F. Meyer, and concludes that the mental breakdown from which the poet suffered at 62 years of age, lasting more than a year, was a form of involutional melancholia occurring in an individual possessed, however, of a very peculiar constitutional temperament. L. P. Clark (New York).

Rivista di Patologia Nervosa e Mentale.

(1902. Vol. 7, fasc. 2, February.)

1. Clinical Contribution to the Knowledge of Gustatory Innervation. G. Fasola.
2. Traumatic Astasia-Abasia in an Epileptic Child. U. Gabbi.
3. Dystrophic and Myxedematous Infantilism from Heredito-Pellagra. C. Agostini.

1. *Gustatory Innervation.*—That the lingual is the nerve of gustatory as well as general and tactile sensation for the anterior two-thirds of the tongue, and that gustatory and general sensibility of the posterior third are presided over by the glosso-pharyngeal, is hardly to be questioned; but the fact that one of these functions, taste, for example, may be entirely abolished without disappearance of the others, has lead to the belief that the gustatory fibers are distinct from those of general and tactile sensibility. The origin of the former has been the subject of much discussion. As to the posterior third of the tongue, authorities agree, with few exceptions, that its functions are controlled by the fibers of the glossopharyngeal proper. Opinions as to the innervation of the anterior two-thirds embrace a wide and varied range, the derivation of the gustatory fibers of the lingual nerve being variously attributed to the chorda tympani, the IX and the roots of the V nerve. The author's contribution to the solution of this question is based upon observation of two cases in which resection of the 2nd and 3rd branches of the V, with extirpation of the adjacent part of the Gasserian ganglion were followed by gustatory disturbance of the left lateral region of the anterior half of the tongue. Gustatory as well as tactile and dolorific anesthesia were manifest immediately after the operation. Amelioration of the first-named condition was noted within ten days, and an almost complete restoration to the normal was established within two months; although gustatory sensibility continued less acute upon the left side than the right. The writer asks and answers the following pertinent questions: "Could gustatory disturbances have depended upon tactile anesthesia caused by section of the 3rd branch?" and "Were such anomalies caused by vasomotor or trophic disturbances?" A negative reply is made to the former, in the statement that the return of gustatory sensibility preceded that of